

CLAIMS ONLY								Application Number <div style="font-size: 1.2em; font-weight: bold;">10/748496</div>	Filing Date					
								Applicant(s)						
								* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
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10/748496

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	6					
Total Depend	31					
Total Claims	37					

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Total Indep						
Total Depend						
Total Claims						